Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	04/03/2014	Address:	3098 E. Division Road	
Incident #:	14ISPC002747		Monticello, IN	
County:	White		47960	
Type of Lab	oratory Seizure (check one)	Seizure Location (are Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel☑ Open – No Structure☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
Red Phosphorous/Iodine Reaction(s):				
☐ Hydrochloric Acid Gas Generator(s): <u>Hallway</u>				
☐ Flammable Solvents: Hallway				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Corrosive Acid: <u>Bathroom</u>				
Corrosive Base: <u>Bathroom</u>				
Other (item and location):				
Vehicle Info	rmation:			
Owner: VIN: Year:		Make: Model:		
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated ler occurring: 1	tions of home: clean disarray ngth of time manufacturing had been month nformation:	
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:	
Health Depar	ent City, Township or County <u>Montic</u> tment County: <u>White County</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: <u>574-5</u>		
	ormation regarding this methamphetar Officer: <u>Jerrad Foutch</u> Phon	nine laboratory, cont e <u>765-567-2125</u>	act	

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.